

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Hisao HAJI, et al.

Serial No: 09/775,536

Filed: February 1, 2001

For: MANAGEMENT METHOD FOR RECEIVING ORDERS  
AND MANAGEMENT SYSTEM FOR RECEIVING  
ORDERSArt Unit: 3679  
Examiner: F. Saether

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
April 22, 2004

Date of Deposit:  
Anthony J. Orlay, Reg. No. 41,232

Name: *Anthony J. Orlay*  
Signature: *Anthony J. Orlay*  
Date: 04/22/04

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

Small entity status has been claimed. See 37 CFR § 1.27.  
 A Notice Of Change Of Attorney's Address and Associate Power Of Attorney is enclosed.  
 No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	18	-20	20	**	0	LG=\$18 SM=\$9	\$18	\$ 0
INDEPENDENT CLAIMS FEE	4	-3	10	***	0	LG=\$86 SM=\$43	\$86	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS							LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$ 0
							<b>TOTAL</b>	<b>\$ 0</b>

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$ -0- to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**  
 A check in the amount of \$ -0- to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**  
 The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**  
 Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims  
 Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted  
HOGAN & HARTSON, L.P.

By: *Anthony J. Orlay*

Anthony J. Orlay  
Registration No. 41,232  
Attorney for Applicant(s)

Date: April 22, 2004

Biltmore Tower  
500 South Grand Avenue, Suite 1900  
Los Angeles, California 90071  
Telephone: 213 337-6700  
Facsimile: 213 337-6701